Oregon
N STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

12715 210 — Local File Number — Vital Records Unit — Vol M82 Page 7521

DECEASED—NAME: 1 First: LINSY Middle: ORTH Last: SISEMORE — State File Number

2 DATE OF DEATH (month, day, year): June 6, 1982

3 RACE White, Black, American Indian, etc. (specify): White — 4 SEX: Male — 5a AGE—Last birthday (years): 77 — 5b Under 1 year (mos. / days) — 5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): March 8, 1905

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls — 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center — 7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Emer. Room — 7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon — 9 CITIZEN OF WHAT COUNTRY: U.S.A. — 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed — 11 SPOUSE (IF MARRIED, WIDOWED): Elizabeth — 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 542 - 44 - 3734 — 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Circuit Court Judge / Ret. — 14b KIND OF BUSINESS OR INDUSTRY: Legal

15a RESIDENCE—STATE: Oregon — 15b COUNTY: Klamath — 15c CITY, TOWN, OR LOCATION: Klamath Falls — 15d STREET AND NUMBER OR R.F.D., ZIP: 4189 Marian Court 97601 — 15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Linsy C. Sisemore — 17 MOTHER—Maiden Name first middle last: Anna Orth — 18 INFORMANT—NAME and relationship to deceased: William Sisemore / Son

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation — 19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens — 19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward — 20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Everett E. Howard, MD — 21b DATE SIGNED [Mo., Day, Yr.]: 6-7-82 — 21c HOUR OF DEATH: 2:18 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUN 10 1982 — 22b REGISTRAR [Signature]: Claudia Francis

23 IMMEDIATE CAUSE

PART I (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF: (b) ARTERIOSCLEROSIS — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) PERMANENT PACER — Interval between onset and death: years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): DIABETES MELLITUS — Interval between onset and death:

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No				No	No

26e INJURY AT WORK [Specify Yes or No] — 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] — 26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

JUN 1982

Ret to
William C Sisemore
540 main.
Klamath Falls
Oregon.

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUN 14 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of June A.D., 1982 at 4:26 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 7521.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy